

Disability worker registration: Statement of Service template for applicants

Victorian Disability Worker Commission
Level 1, 2 Lonsdale Street
Melbourne VIC 3000

Statement of Service

To whom it may concern

This confirms that _____ is / was employed by _____

as a _____.

has worked approximately _____ hours

from _____ to _____.

Some of _____ duties and responsibilities include:

- 1.
- 2.
- 3.

Please contact me on _____ if you have any questions.

Kind regards

For information on how the Victorian Disability Worker Commission handles personal information please refer to the **Privacy Policy**.

